PTO/SB/82 (09-03)

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Application Number	Not Yet Assigned	
Filing Date	Concurrently Herewith	
First Named Inventor	Gavril W. Pasternark	
Art Unit	1647	
Examiner Name	R. S. Landsman	
Attorney Docket Number	62077(51590)	

		\neg					
I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
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I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71.							
St	tatement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record							
Name	JAMES S. QUIRIE, SY. V.P. Research Resources Management						
Signature Stund							
Date	U 1/4/05 Telephone						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of1 forms are submitted.							

PTO/SB/96 (08-03)

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STATEMENT UNDER 37 CFR 3.73(b)					
Applicant/	Patent Owner:	Gavril W. Pasternark	et al.		
Application	n No./Patent No.:		Filed/Issue Date:		
Entitled:	IDENTIFICATION OPIOID RECE		ZIZATION OF MULTIPLE SPLICE VARIANTS OF THE MU-		
Mer	norial Sloan-Ketter	ng Cancer Center	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)		
(Name of	(Assignee)		(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)		
states that	t it is:				
1. X	the assignee of t	he entire right, title, and	d interest; or		
2. an assignee of less than the entire right, title and interest.					
The extent (by percentage) of its ownership interest is %					
in the pate	ent application/pat	ent identified above by	virtue of either:		
or	vas recorded in the rame 058	e United States Patent 2, or for which a	e patent application/patent identified above. The assignment and Trademark Office at Reel 013445 , a copy thereof is attached.		
а	ssignee as show		То:		
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The under	rsigned (whose tit	le is supplied below) is	authorized to act on behalf of the assignee. TAMES S. QUIRE.		
	Date	<u> </u>	Typed or printed name		
	Jamos	S Fred	Agmen Sour		
	Telephone Nu	mber	Signature		
	<u> </u>		Sr. V.P., Research Resources mgmt.		
			Title		